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United Nations Population Fund

POPULATION

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Earth Summit: Putting people on the environmental agenda

AFTER A YEAR of debate, reflection, and negotiations, the Preparatory Committee for next June's United Nations Conference on Environment and Development (UNCED, or "Earth Summit") has pieced together a plan of action for environmentally sustainable development.

"Agenda 21," the name of the plan, is intended as a blueprint for achieving environmentally sustainable economic growth in the twenty-first century. Its recommendations to national governments and the international community include the reduction of unsustainable rates of population growth, and the inclusion of women and indigenous peoples as major actors in the process of building and sustaining a new relationship between humans and the Earth.

But the plan is not complete. Specific proposals for action have yet to be elaborated, and developing and industrialized countries have yet to reach agreement on issues such as the management of forests. Journalists and delegates note that money is another contentious point; that there is widespread disagreement on the amounts and sources of investment and aid needed to fund an environmental revolution.

Developing countries agreed to include population stabilization in Agenda 21 on the condition that the issue be linked with consumption patterns in the industrialized countries.

Developing countries maintain that environmental problems are chiefly caused by extravagant lifestyles built upon squandered energy and natural resources in the North, rather than by expanding, poor populations in the South. Some industrialized countries have agreed to control their use of energy and industrial emissions. Others are less forthcoming.

The Committee or "prepcomm," as it is called by participants, concluded its third session in Geneva on 4 September. Delegates also signalled their acceptance of the idea of an "Earth Charter" stating the environmental rights and responsibilities of individuals and governments. The Charter would have no basis in law but would be morally binding on signatory states.

UNICEF/Bernard Wolff

Villagers, livestock and an electrical power plant compete for land, air, and water in Andhra Pradesh, India.

In April, UNFPA Executive Director Nafis Sadik warned the second UNCED prepcomm: "The [environmental] debate will be meaningless if population is ushered to the sidelines. Population issues are central to the search for sustainability." Her statement followed inquiries from a number of developing and industrialized countries asking why the first prepcomm, held in August 1990, "did not spend more time on population-environment linkages."

The fourth prepcomm meeting is slated to take place in New York in March. □

In Peru, a "small revolution"

A "SMALL REVOLUTION" in family planning is taking place in Peru, according to UNFPA Country Director Einer Sandved.

The revolution began last October, when President Alberto Fujimori declared that his government would prioritize family planning as a means to fight poverty and as a human right, and announced a programme of free distribution of contraceptives through thousands of government facilities.

The declaration sparked weeks of public debate between the President and the predominantly Roman Catholic country's bishops, who denounced all contraceptive methods except abstinence and the rhythm method.

United Nations

President Fujimori: "There is nothing terrible about not wanting children to eat garbage in the streets."

"There is nothing terrible about not wanting children to eat garbage in the streets," Fujimori responded on national television.

When the dust from the political storm settled, "family planning was no longer a controversial issue," Sandved told *Population* correspondent Abid Aslam. "The debate gave it the necessary legitimacy."

"In fact, the Church's reaction has been instructional for neighbouring countries," Sandved explained. "It has now officially recognized that family planning is a government responsibility and said it won't actively oppose any government programme, but will make its position [on contraception] widely known."

"People are now asking for family planning," he added. "Before they were not sure if they could openly ask for it."

He said surveys showed that seven in 10 Peruvian mothers wanted to stop bearing children, and that many poor people did not see a conflict between family planning and Catholicism. He laid this to government estimates that between 55 and 70 per cent of Peru's 22 million people live on or below the poverty line, and that one in five pregnancies ends in an illegal, often fatal abortion.

Women in Peru's cities have an average of 3.2 children, according to official estimates. In the countryside, the average is 6.6 children.

"The contraceptive prevalence rate is very low, at 36 per cent, and much of this is ineffective traditional methods" such as the rhythm method and withdrawal, he added.

The government wants to raise the proportion of Peruvian couples who practise contraception to 42 per cent by 1995, and to slow the country's population growth rate from the current estimated 2.1 per cent per year, to 1.9 per cent by 1995.

To do so, it is asking UNFPA to coordinate all external population assistance to Peru. The Fund's 1992-96 programme of assistance sets out to respond to this request, and to help meet pressing needs for equipment and training. The programme commits US$ 8 million dollars from UNFPA's regular resources; another US$ 4 million will have to be raised from other sources, including multi-bilateral donors, according to programme documents.

The success or failure of Government-UNFPA efforts hinges on revitalizing family planning service delivery. Sandved was cautiously optimistic.

His reasons include the government's eagerness to collaborate with the private sector on family planning. Another is its desire to increase the involvement of community and women's groups as well as non-governmental organizations (NGOs) in the national programme.

"This means a lot of things can happen because Peru has some of the most advanced women's organizations in Latin America," Sandved said. "And they're increasingly interested in picking up family planning because they're concerned about the extremely high maternal mortality rate."

The rate at which Peruvian women die from causes related to pregnancy and childbirth is the third highest in Latin America and the Caribbean: 30 maternal deaths for every 10,000 live births in 1990, according to official estimates.

Sandved said he was also optimistic because the National Population Council "is now active for the first time since it was founded in 1980." The Council coordinates the government's population activities. Its Executive Committee is made up of cabinet ministers, representatives of community and women's groups, and leaders from the private sector.

These are signs of a new seriousness, flexibility, and pragmatism on the part of the government, he said. This new approach is the real departure from the past, according to the findings of a UNFPA Programme Review and Strategy Development mission which visited Peru in May. In the mission's view, the new population policy itself is not radically different from that of previous governments.

He acknowledged the internal war between government troops and insurgents would prevent services from being delivered in many parts of the country. But he pointed out that although between one-third and half of Peru's territory is under a state of emergency, only about 15 per cent of the population lives in these areas.

Sandved said he also expects more active community participation in the programme, in part because of the government's more flexible partnership with NGOs and the private sector.

But, he added, in a country with Latin America's lowest minimum wage, and where the number of people officially recognized as living below the poverty line jumped from about 7 million to between 12 and 15 million in just three years, excruciating poverty has forced communities to organize for survival. □

Philippines: Family planning not just "Church v. State" affair

CONTRARY TO MEDIA images of clerics and contraceptors doing political battle, family planning in the Philippines is "not just a Church v. State" matter, according to UNFPA Country Director George Walmsley.

When the government of President Corazon Aquino assumed office in 1986, there was no effective support for family planning within the State and, consequently, no face-off between the country's political and religious establishments, Walmsley said.

Family planning services were nevertheless delivered, albeit sporadically and on a limited scale. Non-governmental organizations (NGOs) stepped in to fill the vacuum, and today account for almost half of all services in the Philippines. "That's more than any country I've ever worked in," said Walmsley, whose previous assignments include India and a number of South American countries.

More recently, the Catholic Church and the Philippine Government have clashed frequently, the latter's efforts to promote family planning being condemned in a pastoral letter by the former as "evil."

In consequence, he explained, "UNFPA's and other population programmes were designed as a series of projects," not comprehensive packages that cut across the country's economic and social sectors.

All this could be changing.

Last year, the government launched a new family planning programme spearheaded by the Department of Health amid Church opposition that was loud but not unanimous. Soon after, the national population commission's board held its first meeting in more than a year. The commission co-ordinates the activities of the government's various ministries and departments, Walmsley said.

The health department promotes family planning on health grounds only, not as a means of averting births and controlling population growth. It provides family planning services to married couples only, and bans abortion.

The new government programme sets out to raise the proportion of married women of reproductive age who practise contraception from the current estimated 38 per cent, to 53 per cent by 1994. But the current estimate of 38 per cent includes Filipinos who use non-modern methods of contraception "which can mean anything or nothing at all," Walmsley said. Rather, he suggested the actual proportion of reproductive-age married women who use a modern contraceptive is about 22 per cent.

The government itself recognizes many of the challenges it faces in meeting its goal, he said—not the least of which are its own weaknesses: Medical and paramedical staff have received no training in family planning in the past seven or eight years. The government does not have the means to provide services in the country's many remote areas, such as the hilly uplands.

"The government faces a dilemma: Expand, or improve services in the areas already covered," Walmsley said.

"They've opted for the latter," he added, "through trainings and producing IEC [information, education, and communication] materials."

The emphasis on training is at least partly intended to help correct the tradition of poor implementation of the government's generally well-planned programmes, he explained.

The government "is also encouraging NGOs to expand their operations in areas not covered by the state," Walmsley said.

But the strategy is not without its problems. Faced with the slow process of integrating family planning training into existing, periodic training activities, the government has opted for immediate training, specifically and exclusively on family planning. Clearly the necessary course of action, but not the ideal one, said Walmsley, who added: "This just emphasizes family planning as a special action, which is the last thing we want in the Philippines. We want family planning to be recognized as a normal service, as part of people's lives."

UNFPA assistance to the Philippine government emphasizes incorporating family planning information and education into the work of the education, agriculture, and labour ministries, for example, so that a broad range of players—teachers, labourers, agricultural extension workers—can become active advocates of family planning, and can point interested people in the direction of service providers.

In addition, within the broader concerns of population and development, UNFPA provides assistance for undertaking the population census, promoting integrated population and development planning, improving the socio-economic status of women, and conducting operations research on various aspects of the programme, Walmsley said.

There is periodic speculation by the media about the likely outcome of next year's national elections and, in turn, about the future course of the government's programme. "But," said Walmsley, "I can't see any government pulling back from the current, very cautious position" of promoting family planning for married couples only, and only on health grounds.

The government's anti-abortion stance "is a very strong argument for better family planning services," Walmsley told *Population* correspondent Abid Aslam. "A large number of abortions are conducted, even though they're totally illegal. Realizing this, one NGO has adopted the slogan, 'Stop Abortion, Support Family Planning'." □

Pakistan shifting into "top gear"

UNFPA/Hugh O'Haire

Syeda Abida Hussain, head of Pakistan's Ministry of Population Welfare, talking to UNFPA staff.

PAKISTAN'S FAMILY PLANNING programme is shifting into "top gear," according to Syeda Abida Hussain, Adviser on Population to the Prime Minister, and head of the Ministry of Population Welfare.

The government is moving to accomplish goals set for, but ignored during, its seventh five-year national development plan—in the ten months remaining before the plan expires, Hussain said during a recent visit to UNFPA headquarters.

The government strategy, outlined by Hussain and Mahbub Ahmed, the population welfare ministry's senior-most civil servant, sets out to:

- provide family planning services in all 7,804 of the country's rural health outlets, in addition to the existing 2,700 family welfare centres, provided there is either a female doctor or paramedic;
- reach smaller villages not served by family welfare or health centres, with 130 "mobile service units"—clinics mounted on buses—each staffed by a female doctor and paramedic;
- set up 45 new contraceptive surgery centres throughout the country;
- train all female doctors at sub-district level in contraceptive surgery;
- conduct feasibility studies for local contraceptive manufacturing; and
- ensure visible and sustained political commitment to family planning through the National and Provincial Population Welfare Councils, which are headed by the Prime Minister and the Chief Ministers of Pakistan's four provinces, respectively.

The strategy calls for funding of local development activities to be tied to performance in promoting voluntary contraceptive use. It also urges better supervision of field workers and administrators.

Hussain said men would be encouraged to take an active role in family planning. "We don't have to start reaching men," she said. "In fact, they're more converted than the women. They want no more than three or four children. The problem is, they don't want to do anything about it, they want women to."

It is common for Pakistani women to have six living and four dead children, surveys show.

On World Population Day, 11 July, Prime Minister Nawaz Sharif warned that without urgent action, Pakistan's population could double to 230 million by 2014.

"This means that even if we succeed in doubling our food output, our schools and colleges, our hospitals and clinics, our roads and highways and the number of housing units, the standard of living of our people would not have improved a bit at the end of the year 2014," he added. □

Tour of Africa stiffens Japan lawmakers' resolve

HOME FROM A 15-DAY TOUR of population programmes in three African countries, a group of Japanese parliamentarians is calling on the government to increase its support of UNFPA and other population organizations.

Legislators from the Japan Parliamentarians' Federation for Population (JPFP) in August urged Prime Minister Toshiki Kaifu and Foreign Minister Taro Nakayama to increase assistance to population and family planning programmes, as well as its contributions to UNFPA and the International Planned Parenthood Federation (IPPF).

Ten JPFP members visited Zimbabwe, Kenya, and Ghana in July to study the effects of rapid population growth on economic performance and social welfare. Their recommendations included encouraging an increased exchange of experiences and opinions between African and Asian legislators' population caucuses.

The African study tour was organized by JPFP, the Japanese Organization for International Co-operation in Family Planning (JOICFP), UNFPA, and IPPF. It followed similar tours to India, Indonesia, the Philippines, and Thailand in 1973, and to Brazil, Colombia, and Mexico in 1977.

The pioneering 1973 Asian tour was led by former Japanese Prime Minister Nobusuke Kishi and Gen. William Draper II of the United Nations Development Programme. □

UNFPA/H.Ando

Members of the Japan Parliamentarians' Federation for Population visiting a Ghanaian village.

Television brings population issues to life in Mozambique

THE STREETS OF MAPUTO are abuzz with talk of population issues.

There is lively chat in market places and bus stops throughout the Mozambican capital as citizens grapple with topics such as population growth and distribution, environmental strain, and maternal mortality.

The cause of all this is an innovative weekly television programme aired by Mozambique's national television under a Government-UNFPA pilot project.

The chat-cum-documentary show is a first for Mozambique. The show combines interviews with the public, demographers, government officials, and development programmers with films on population issues and programmes in their own and other countries, particularly Latin America. The idea is to breathe life and relevance into issues that are usually discussed as academic abstractions.

The show is part of an information, education, and communication (IEC) strategy aimed at transforming the country's population and family planning programme into a broad-based movement involving people from all walks of life, says UNFPA Country Director Rogelio Castilla. The strategy includes training local journalists and public-service workers to more effectively report on and communicate about population matters.

The show has won a great deal of public attention despite the fact that there is only one television for every thousand Mozambicans, according to UN figures.

"We had no doubt of the media's great influence," says UNFPA's Carlos Samaniego. "Our goal is to get the message across to the people."

But the show is serving another purpose. It is putting programmers in touch with people's perceptions, because television reporters fan out each week to ask members of the public: "Are we many, or few?"

"What? Look here, we were not many to start with," one Mozambican replied. "And with the war, we have become even fewer."

In fact, Mozambique's health, education, and other social systems are hard-pressed to meet the needs of its United Nations-estimated population of 15.7 million. Half of all Mozambicans are out of reach of the country's health services. Only one-fourth have access to safe water and sanitation. Seven in ten adults are illiterate. Six in ten Mozambicans live in what the government classifies as "absolute poverty."

Reis Bento/CFF

A drink and a chat on Sunday afternoon in Maputo, where a new TV show has people talking about population and the environment.

Mozambican women have 6.3 babies, on average. United Nations figures show that three hundred women die from causes related to pregnancy and childbirth for every ten thousand live births. Some 400,000 Mozambican babies are born every year, according to government figures. But 173 infants die before their first birthday for every thousand live births; 300 die before reaching the age of five.

Although some 70 per cent of the population still live in rural areas, vast portions of the countryside remain uninhabited in the wake of migrations forced by poverty and the years of fighting that have afflicted Mozambique and Africa's other "Frontline States." The country's population growth rate is estimated by the UN to be 2.7 per cent per year; its urban population is thought to have grown at a yearly rate of 9.5 per cent since 1960. *(IPS)*

Thailand asserts role in South-South co-operation

THAILAND IS ASSERTING itself as a Southeast Asian leader in economic and social development.

Under the latest national development plan, funds have been earmarked to encourage government ministries to share their experience, expertise, and technical resources with other developing countries. In development jargon, this brand of mutual self-help is known as "technical co-operation among developing countries," or TCDC.

Thailand already offers TCDC in agriculture, industry, energy, and education, and now wants to add population programming to the list, UNFPA Country Director Sabiha Syed told *Population*.

The country's seventh five-year development plan targets an 8.2 per cent economic growth rate and a 1.2 per cent population growth rate during 1992-96. If achieved, these will be the region's highest and lowest rates, respectively. The plan, endorsed by the government last month, is in part aimed at making Thailand a regional centre for international finance and trade, National Economic and Social Development Board Secretary-General Pisit Pakkasem told journalists in Bangkok.

The Fund's sixth five-year programme of assistance to Thailand, timed to coincide with the government's national plan, will support the effort to foster TCDC. The programme's basic strategy is to strengthen the government's training capabilities, prepare information materials in various languages, and develop a simple management information system to keep track of and analyse the national family planning programme, and to derive lessons from it for others to learn, Syed said.

The experiences and resources of the Thai national family planning programme would be of immediate benefit to neighbouring Cambodia, Laos, and Myanmar, she added. Syed is also responsible for UNFPA assistance to these countries, although a country director is to be assigned to Myanmar, formerly Burma.

Thailand is already something of a hub for population programmers. Last year, some 112 UNFPA-sponsored fellows visited from as far away as Algeria, Ethiopia, and Mongolia, according to programme documents. They came to study population change and fertility surveys, statistical data processing, family planning training and income generating activities for youth, demography, and obstetrics and gynaecology.

UNFPA operations in Thailand started in 1971, the year after the government passed a policy seeking to limit population growth. The Fund's sixth country programme sets out to help the government slow the annual population growth rate from an estimated 1.5 per cent in 1988 to 1.2 per cent by 1996.

To achieve this, the government has set the goal of increasing the proportion of couples who practise modern contraception to 77 per cent, programme documents say. The contraceptive prevalence rate increased from 64.6 per cent to 70.6 per cent between 1984 and 1987, according to the latest Thai Demographic and Health Survey. The government estimated a 74 per cent contraceptive prevalence rate in 1990; in some regions, however, surveys show it to be as low as 41.3 per cent.

The government also intends to lower the rate at which women have their first baby before their twentieth birthday, from the current estimated 15 per cent, to 10 per cent by 1996. Thailand's present population is estimated at about 56 million.

Report urges prevention of reproductive illness

The concept of family planning must be broadened, and programmes must be made to focus primarily on women's health needs in order to prevent the likely deaths of two million women a year from reproductive causes by century's end. This, according to a report by Jodi L. Jacobson of the Washington, D.C.-based Worldwatch Institute.

"Estimates based on the rising incidence of unsafe abortion, reproductive tract infections, and AIDS, along with the growing unmet need for family planning, indicate that by 2000, reproductive causes will kill at least 2 million women each year," Jacobson writes in *Women's Reproductive Health: The Silent Emergency*.

"Conventional measures alone indicate that unmet need for family planning is enormous: more than 500 million married women now express the desire for access to birth control, but cannot obtain methods suitable to their needs," she adds. "Without a more complete measure, however, it is impossible to grasp the extent of 'ignored' needs among a large and growing number of sexually active adolescents and single women."

Scrapping "all non-health-related restrictions on the import, sale, and distribution of available contraceptive methods is of paramount importance to improving reproductive health," she maintains.

According to Jacobson: "Researchers estimate that filling the unmet need for family planning among married women alone would reduce maternal deaths in Africa by 17 per cent, in Latin America by 33 per cent, and in Asia by 35 per cent. Countless deaths and illnesses among teenagers and single women would also be prevented were the needs of these groups openly acknowledged."

The other essential: health programmes reoriented toward "primary reproductive health," which stresses preventing, not just treating, reproductive health problems.

Jacobson notes that successful maternal health programmes in Brazil, India, Zimbabwe, and elsewhere, have depended not on "huge infusions of money," but on peoples' commitment and creativity.

"Exploring and publicizing the social and human costs of poor reproductive health is part of the process of building such commitment," she adds.

It need not cost a country much to implement elements of a safe motherhood programme, including expanded prenatal and delivery care, added health posts to bring services closer to women, and strengthened family planning services. Jacobson cites World Bank estimates suggesting the investment required would, in most countries, amount to about US$ 1.50 per person per year.

The returns on the investment could be immense, according to Jacobson: "These efforts could reduce maternal mortality by 65 per cent, and infant mortality by 80 per cent, at a cost of about 0.5 per cent of GNP [Gross National Product]."

"Until women gain access to comprehensive reproductive health care," she warns, "the cry of 'health for all' will remain a bitterly empty promise."

Women's Reproductive Health: The Silent Emergency, *Worldwatch Paper 102, June 1991. Available from: Worldwatch Institute, 1776 Massachusetts Avenue, N.W., Washington, D.C. 20036-1904, USA.*

NEWS IN BRIEF

FORUM
The Fifth International Forum of the Association for Women in Development is to be held on 21-24 November in Washington, D.C. The Forum's theme is "Learning Together/Working Together: A South-North Dialogue." Its aim is to exchange experiences and analysis of efforts to empower women. For more information, contact: Conference Office, Division of Continuing Education, Kansas State University, 141 College Court Building, Manhattan, KS 66506-6006, USA. Telephone: (913) 532-5575.

CITIES
The mayors of Bombay, India, and Accra, Ghana, are blaming overpopulation and poverty for the filthy air and water in their cities. Bombay Mayor Diwakar Raote told the World Cities and Their Environment Conference in Toronto, Canada in August: "My city is one of the largest. . . with a population of more than 10 million," which strains municipal resources and efforts to control pollution. He said India's commercial capital no longer allows new industries to set up within city limits, is trying to improve its sewage system, and is experimenting with unleaded gasoline as an alternative to diesel fuel for public transport. Mayor Kofi Portuphy of Accra said: "Because of poverty, the residents live along the beaches," with no sewage or sanitary facilities. "We need to decongest the city. . . but many traditional people do not want to leave."

GIFT
The Shinto religious group Shoryoku Shinto Yamatoyama of Aomori, northern Japan has pledged a gift of 10 million yen (US$ 70,000) to the Rafael M. Salas Memorial Trust Fund. The group's first gift of US$ 70,000 helped to establish the Trust Fund in 1987. Its 60,000-odd members skip at least one meal a day, donating the money saved to leprosy and social development projects, and to the peace movement, says Reverend Yasaburo Tazawa, the group's *Kyoshu*, or head. Named after the first Executive Director of UNFPA, the Trust Fund provides scholarships in population and development to select students from developing countries at three international institutes and at the University of the Philippines. It also funds the annual Rafael M. Salas Memorial Lecture and its subsequent publication.

CONDOMS
Most condoms available in Hong Kong fail to prevent pregnancy or sexually transmitted diseases, according to the territory's Consumer Council. The Council said only eight of the 27 brands on the market passed safety tests on the basis of length, width, thickness, and susceptibility to leakage.

IRAN
Iran is promoting measures ranging from free contraceptives to ration cuts for large families to try to slow its rapidly growing population. Health Minister Reza Malekzadeh said on Iranian television that the cabinet was taking these moves in response to a population growth rate of 3.9 per cent per year in the past ten years. Starting next July, the government proposes to withhold ration coupons from the fourth and subsequent children in a family. Malekzadeh also said he hoped to increase domestic production of contraceptives, which are to be provided to users at no or "reasonable" cost. Meanwhile, Radio Tehran quoted the head of the national statistical centre as saying sample surveys taken before last month's national census indicate there are some 59.5 million Iranians, up from 49.8 million at the time of the 1986 census. Officials said in August that some 15,000 census workers would offer contraceptives to poor families throughout the country during the 25-day headcount. Iranian TV and Radio Tehran are monitored by international news agencies from Nicosia, Cyprus.

PUBLICATIONS

Bangladesh: "Even poor parents can control the number of children to be born, but poverty often reduces their ability to control the survival and growth of their children. The freedom to make an informed choice in planning the family narrows as poverty deepens," according to *Near Miracle in Bangladesh*, a book edited by former senior civil servant Mujibul Huq. The book documents the implementation of the expanded programme of immunization in the world's most densely-populated country. According to Huq, the benefits of integrating health and family planning services is one of the important lessons to be learned from Bangladesh's experience. For more information, contact the publisher: The University Press Limited, Red Crescent Building, 114, Motijheel C/A, Dhaka 1000, Bangladesh.

Behaviour: The impact of government policies and social restrictions on the reproductive behaviour and family life of Kenyan women is the subject of *Women, Sexuality and the Changing Social Order: The Impact of Government Policies on Reproductive Behaviour in Kenya*. Author Beth Maina Ahlberg discusses the historical significance of techniques for social and behavioural regulation from the industrialized world, traditional influences on Kenyan women, and the current widespread concern about AIDS. Available from: Gordon and Breach Science Publishers Ltd., 1 Bedford Street, P.O. Box 197, London, WC2E 9PX, UK.

Environment: *Population and the Environment: The Challenges Ahead*, a booklet published by UNFPA, sets out to introduce readers to the interrelationships among population, resources, and the environment. It discusses the ways in which population pressures affect natural resources, the environment, and the quality of life; outlines policy considerations and summarizes critical policy options; and provides, in its appendices, excerpts from and references to key resolutions and statements on population and the environment. Priced at US$ 10.00. Available from: UNFPA, 220 East 42nd Street, New York, NY 10017, USA. A more comprehensive work, *Population, Resources and the Environment: The Critical Challenges*, is under preparation and should be made available by the end of the year.

Manual: The International Planned Parenthood Federation's Western Hemisphere Region has published *Caribbean Family Planning Guide: A Self-Instructional Manual for Health Professionals*. The manual is "intended to meet the need for a comprehensive publication on contraceptive technology and basic family planning issues in the Caribbean," says IPPF Caribbean Programme Co-ordinator Lucella Campbell. The book includes a chapter on "Non-Clinical Considerations," which discusses family planning as a human right, the health rationale for family planning, and teenage pregnancy, and which provides a brief look at the history of family planning in the Caribbean as well as a demographic portrait of the region. Copies are being distributed to the region's nursing schools and health ministries. Individual copies are available at a price of US$ 25.00 from: IPPF/Western Hemisphere Region, 902 Broadway, New York, NY 10010, USA. Telephone: (212) 995-8800.

What's the difference?

THE DIFFERENCES BETWEEN sex education, family life education, and population education are sometimes blurred. This is because their definitions are still evolving; because they draw from a number of disciplines; because their contents vary among cultures; and because programmes' titles can mislead by not reflecting their actual contents.

The following guide for the perplexed is offered by Jairo Palacio, regional adviser to the UNFPA-UNESCO (United Nations Education, Scientific and Cultural Organization) population education programme in Latin America, O.J. Sikes, chief of the Education, Communication and Youth Branch of UNFPA's Technical and Evaluation Division, and Mari Simonen, special assistant to the Executive Director:

An effective **sex education** programme seeks to help students to regard their sexuality as an integral part of their total being, and to enable them to make appropriate decisions based on a clear value system. Sex education usually includes many of the following: facts about human sexuality; the role of sex in life; attitudes, myths, and taboos; decision-making and self-confidence; gender roles; taking physical care of oneself; and the benefits of planned parenthood.

Human sexuality often features in **family life education** (FLE), which deals with family roles, relationships, and responsibilities. FLE addresses the issues of the family life cycle, family needs and resources, marriage, and responsible parenthood and family planning. FLE sometimes includes environmental and primary health-care concepts.

Population education intends to help people understand the nature, causes, and implications of population processes as they affect, and are affected by, groups or individuals. It focuses on family and individual decisions which impact population change. It draws its contents from various fields: demography, human ecology, and family life and sex education, among others. It aims at assisting individuals in defining their population problems; in understanding the determinants and consequences of population processes and changes; in assessing possible actions that they, their families, and their communities can take to modify these processes; and in carrying out these actions.

Palacio, Sikes, and Simonen wrote a paper, "Population and Sex Education: Critical Component of Health Education," which Simonen presented at the fourteenth World Conference on Health Education in Helsinki, Finland, in June. The paper was based on a wide-ranging study of support provided by UNFPA, in close collaboration with UNESCO, to national population and sex education programmes in more than 80 developing countries. □

Namibian census delayed

ONE WEEK BEFORE it was scheduled to begin, Namibia's first post-independence head-count was delayed by the Census Task Force, UNFPA Country Director Bill Musoke reports from Windhoek.

Census enumeration, slated to begin on the night of 5/6 September, has been tentatively rescheduled for 20/21 October.

According to local press reports, the postponement came amid public complaints that the leadership of the census organization was "too white," and that the selection of enumerators favoured candidates who were already employed, to the detriment of unemployed applicants.

"We do trust that the situation is under control and that a new set of enumerators will be identified and trained and that the 'big count' will take place as rescheduled," said Musoke. □

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